

MILWAUKEE
MILW CO DSS

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NOTICE OF DECISION

State of Wisconsin

1812 W OVERTURE AVE
MILWAUKEE WI 53205

ENVELOPE 01
QUESTIONS: Ask your Worker.

Date: 10/09/03
Case Name: JOHNNY KULKOWLON
Case Number: 4000512749
Worker Name: ED DILLON
Worker No: XCT049
Telephone: (414)-643-2322

JOHNNY KULKOWLON
433 W WASHINGTON AVE
MADISON WI 53703

CNES

Dear JOHNNY KULKOWLON,

This notice informs you of your eligibility for all the programs of assistance available to you (and your family) and gives reasons if you are not eligible to receive them. The notice is divided into two sections. Section 1 gives a summary of the information contained in this notice for each program of assistance for which your eligibility determination is complete. Section 2 lists each program of assistance individually and shows the calculation of the budget and the resulting benefit (when applicable). The information in Section 2 may be received in more than one envelope.

DISABILITY OR OTHER NEED: If you have a disability, you can ask for help. The name of the person who can help you is listed at the top of this letter.

APPEAL RIGHTS: If you have questions or think this action is wrong, call the person listed at the top of this letter. Also, you have the right to ask for an appeal.

Fair Hearing: If you disagree with this decision, you can ask for a Fair Hearing and/or W-2/Child Care Fact Finding. Please read Your Rights and Responsibilities for Wisconsin Works Services, Medical Assistance and Food Stamps on the next page for more information. If you will need a language translator, sign language interpreter, or other accommodation for a disability during the Hearing, please include that information in your written request for a Fair Hearing.

SECTION 1 - Notice Eligibility Summary

In the summary below, "Y" means you are eligible; "N" means you are not eligible, or you did not apply for the assistance; "M" means you are eligible if you meet a Medicaid deductible.

Medicaid For Families (Including Badgercare)

	Oct 2003	Nov 2003
JOSIE KULKOWLON	Y	Y
JOHNNY KULKOWLON	Y	Y
ROSIE KULKOWLON	M	M

XX

RR

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Please call the Milwaukee County Change Reporting Center at:
(414) 267-3500 to report changes for:
Food Stamps
Medical Assistance
Child Care

For W2-related changes, please continue to contact your W2 worker.

If you are newly eligible for Medicaid, BadgerCare or Family Planning Waiver, you will get an identification card, called a Forward card. Read your Eligibility and Benefits booklet to find information on how to use it. If you already have a Forward card, you should keep using that card. The card must be shown to your health care provider each time that you get health care. If you have gotten services since 10/01/2003, tell your provider that you are now eligible for Medicaid, BadgerCare or Family Planning Waiver. If you have paid bills for the services, the provider may pay you back if the services are covered under the benefit program. If you have questions about your identification card, or need a new one, call 1-800-362-3002, toll-free. TTY and translation services are available.

SECTION 2

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AEA7

Medicaid (MA)

Your application for HEALTHY START/PREGNANCY (CAT NDY)

dated 10/07/03 has been APPROVED. You are eligible for benefits for 10/01/03 through 10/31/03.

The following individuals are included:
JOSIE KULKOWLON

The following individuals are ineligible:
JOHNNY KULKOWLON

This person does not meet the requirements for this program.

ROSIE KULKOWLON

This person does not meet the requirements for this program.

Laws: 49.46 STS

Case Number: 4000512749
Date: 10/09/03

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FFU AFDC-Related MA, Healthy Start

For Benefit from	10/01/2003	through.	10/31/2003
Your Assets.00		
Assets Allowcated out.	- .00	FFU Size	4
Assets Allowcated in	+ .00		
Your Countable Assets.	= .00	MA Asset Limit	0.00
Earned Income.00		
Employment Deductions	- .00		
Dependant Care Deduction.	- .00		
Net Earned Income.	= .00		
Unearned Income.	+ .00		
Child Support/Maintenance Paid	- .00		
Child Support Disregard.	- .00		
Excess Self Employment Expense	- .00		
Allocatable Income	= .00		
Income allocated Out	- .00		
Income Allocated In.	+ .00		
Your Budgetable Net Income	= .00	MA Income Limit.	1019.66
Your Income Over Income Limit	0.00		

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Medicaid (MA)

Your application for HEALTHY START/PREGNANCY (CAT NDY)
dated 10/07/03 has been APPROVED. You are eligible for benefits
beginning 11/01/03.

The following individuals are included:
JOSIE KULKOWLON

The following individuals are ineligible:
JOHNNY KULKOWLON

 This person does not meet the requirements for this program.

ROSIE KULKOWLON

 This person does not meet the requirements for this program.

Laws: 49.46 STS

Date: 10/09/03

FFU AFDC-Related MA, Healthy Start

ABAA

Laws: 49.665 STS

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Badger Care (BC)

For Benefit from 10/01/2003 through. 10/31/2003

Self Employment Earnings00	Eligible Members	01
Employment Earned Income . . . +	.00	Counted Members	+01
Student Earned Inc Exclusions. -	.00	Test Child Count	+01
Gross Earned Income. =	.00	Fetus Count	+01
Work Related Expenses -	.00	Ag Group Size	=04
Excess Self Employment Exp . . -	.00		
Dependent Care Expenses. . . . -	.00	Elig Test Fpl%	185
Net Earned Income. =	.00	Income Limit	2836.67
Unearned Income +	2400.00		
Child Supt/Maintenance -	.00	Free Month	Y
Child Support Disregard. . . . -	.00	Premium Inc Limit.	2300.00
Countable Net Income =	2400.00	Premium Required	N

Premium Amount For The Month 0.00

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ABAB

BADGERCARE (BC)

Your application for BADGERCARE dated 10/07/2003 has been
APPROVED. You are eligible for benefits beginning
11/01/2003.

Your premium for 11/2003 is \$ 60.00. You will receive additional
information on how your premiums are paid and when they are due.

The following individuals are included:
JOHNNY KULKOWLON

The following individuals are ineligible:
JOSIE KULKOWLON

This person can not receive this type of Medicaid assistance
because s/he is already eligible for a different type of
assistance through Medicaid.

ROSIE KULKOWLON
Chose to meet a MA deductible rather than BadgerCare.

Laws: 49.665 STS

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Badger Care (BC)

For Benefit from 11/01/2003

Self Employment Earnings00	Eligible Members	01
Employment Earned Income . . . +	.00	Counted Members	+01
Student Earned Inc Exclusions. -	.00	Test Child Count	+01
Gross Earned Income. =	.00	Fetus Count	+01
Work Related Expenses -	.00	Ag Group Size	=04
Excess Self Employment Exp . . -	.00		
Dependent Care Expenses. . . . -	.00	Elig Test Fpl%	200
Net Earned Income. =	.00	Income Limit	3066.67
Unearned Income +	2400.00		
Child Supt/Maintenance -	.00	Free Month	N
Child Support Disregard. . . . -	.00	Premium Inc Limit.	2300.00
Countable Net Income =	2400.00	Premium Required	Y

Premium Amount For The Month 60.00

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AED2

Medicaid (MA)

Your application for MEDICALLY NEEDY MA dated
10/07/03 has been DENIED effective 10/01/03 through 10/31/03
You may be eligible for an MA Deductible. If you are eligible for
an MA Deductible, a detailed MA Deductible determination will be
attached.

Here's why:

Your net income (income minus deductions) is over this
program's limit.

The following individuals are ineligible:

JOSIE KULKOWLON

This person does not meet the requirements for this program.

JOHNNY KULKOWLON

This person does not meet the requirements for this program.

Laws: 49.46(1) STS 49.46 STS

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FFU AFDC-Related MA, Healthy Start

For Benefit from	10/01/2003	through.	10/31/2003
Your Assets.00		
Assets Allowcated out.	- .00	FFU Size	3
Assets Allowcated in	+ .00		
Your Countable Assets.	= .00	MA Asset Limit	0.00
Earned Income.00		
Employment Deductions	- .00		
Dependant Care Deduction.	- .00		
Net Earned Income.	= .00		
Unearned Income.	+ 500.00		
Child Support/Maintenance Paid	- .00		
Child Support Disregard.	- .00		
Excess Self Employment Expense	- .00		
Allocatable Income	= 500.00		
Income allocated Out	- 0.00		
Income Allocated In.	+ 799.99		
Your Budgetable Net Income	= 1299.99	MA Income Limit.	229.77
Your Income Over Income Limit	1070.22		

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Medicaid (MA)

Your application for MEDICALLY NEEDY MA dated 10/07/03 has been DENIED effective 11/01/03. You may be eligible for an MA Deductible. If you are eligible for an MA Deductible, a detailed MA Deductible determination will be attached.

Here's why:

Your net income (income minus deductions) is over this program's limit.

The following individuals are ineligible:

JOSIE KULKOWLON

This person does not meet the requirements for this program.

JOHNNY KULKOWLON

This person does not meet the requirements for this program.

Laws: 49.46(1) STS 49.46 STS

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FFU AFDC-Related MA, Healthy Start

For Benefit from	11/01/2003	through.	11/31/2003
Your Assets.00		
Assets Allowcated out.	- .00	FFU Size	3
Assets Allowcated in	+ .00		
Your Countable Assets.	= .00	MA Asset Limit	0.00
Earned Income.00		
Employment Deductions	- .00		
Dependant Care Deduction.	- .00		
Net Earned Income.	= .00		
Unearned Income.	+ 500.00		
Child Support/Maintenance Paid	- .00		
Child Support Disregard.	- .00		
Excess Self Employment Expense	- .00		
Allocatable Income	= 500.00		
Income allocated Out	- 0.00		
Income Allocated In.	+ 799.99		
Your Budgetable Net Income	= 1299.99	MA Income Limit.	229.77
Your Income Over Income Limit	0.00		

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AE08

Medicaid (MA) Deductible Notice

Your MA Deductible for MEDICALLY NEEDY MA for the
deductible period from 11/03 to 04/04 is \$ 6421.32.
If you have and report medical expenses that meet or exceed your
MA deductible, you may receive an MA card for Medically Needy
coverage.

Medicaid (MA) Deductable

MONTH	AMOUNT
11/03	1070.22
12/03	1070.22
01/04	1070.22
02/04	1070.22
03/04	1070.22
04/04	1070.22
TOTAL MA DEDUCTABLE	6421.32